

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSISSIPPI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25625

State File No.

Registration District No. 566

Primary Registration District No. 3036

Registrar's No. 82

1. PLACE OF DEATH:

(a) County MISSISSIPPI
(b) City or town CHARLESTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
509 EAST COMMERCIAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community ALL OF LIFE (Specify whether years, months or days)

3. (a) PRINT FULL NAME WILLIAM SPENCER LOVE

3. (b) If veteran, name war No 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MRS ADDIE LOVE 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased JANUARY 1ST 1883
(Month) (Day) (Year)

8. AGE: Years 58 Months 6 Days 16 If less than one day hr. min.

9. Birthplace BERTRAND MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation PHYSICIAN

11. Industry or business

MOTHER FATHER { 12. Name WILLIAM LOVE
13. Birthplace N. CAROLINA
14. Maiden name SARAH E. HARPER
15. Birthplace TENNESSEE
(City, town, or county) (State or foreign country)

16. (a) Informant SPENCER LOVE
(b) Address FULTON, MO

17. (a) BURIAL (b) Date thereof JULY 18, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DOOF-CHARLESTON, MO

18. (a) Signature of funeral director LAIR-NUNNELEE
(b) Address CHARLESTON, MO

19. (a) 7-22-41 (b) J. A. Vernon
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MISSISSIPPI
(c) City or town CHARLESTON
(If outside city or town limits, write "RURAL")
(d) Street No. 509 EAST COMMERCIAL
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 17TH
year 1941 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug 19 1889 to July 17 1941
that I last saw him alive on July 17 1941
and that death occurred on the date and hour stated above.

Immediate cause of death

Spontaneous pneumonia 3 de.

Due to Malignancy of left lung.

Due to with metastases (general)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury

23. Signature E. O. Owsen (M. D. or other) Physician
Address Charleston Mo Date signed 7/21/41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 30 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by and
John F. Nunneler Jr. Licensed Embalmer # 385, (7)
working under my personal supervision.

Signed

E. E. Nunneler

Licensed Embalmer No.

4164

P. O. Address

Charleston, W.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.